

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #122 (0010191)

Address: 1957 WOODCREST CIRCLE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094924 **End Date:** 05/12/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009414 Served 05/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/03/2006	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	07/03/2006	Yes
88.04(2)(a)	RESPONSIBILITIES	07/03/2006	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	07/03/2006	Yes
88.06(3)(f)	REVIEW OF ISP	07/03/2006	Yes
88.10(3)(j)	TREATMENT CHOICE	07/03/2006	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/03/2006	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	07/03/2006	Yes
88.10(3)(q)	MEDICATIONS	07/03/2006	Yes

Survey ID: 0092935 **End Date:** 07/06/2004 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091604 **End Date:** 10/22/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 05/25/2005 **SOD #**10009414 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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Complaint History

Date Complaint Received: 01/19/2005

Date Investigation Completed: 05/12/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009414
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10009414

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